

FORM NO. 5. MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 If B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in Question 5.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
No. 1

CERTIFICATE OF BIRTH

File No. For State Registrar Only

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of *Newberry*

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

82745

Township of # *9*

Inc. Town of *Prosperity SC*

Registration District No. *34B*

Registered No. (For use of Local Registrar)

City of (No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *B. H. C. Williams*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? *X* (5) Number in order of birth *X* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug 31 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Robt A Williams*

(14) NAME BEFORE MARRIAGE *Hattie Harper*

(9) PRESENT POSTOFFICE OF FATHER *Prosperity, S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Prosperity S.C.*

(10) COLOR OR RACE *African* (11) AGE AT LAST BIRTHDAY *36* (Years)

(16) COLOR OR RACE *African* (17) AGE AT LAST BIRTHDAY *36* (Years)

(12) BIRTHPLACE *Lexington Co.*

(18) BIRTHPLACE *Lexington Co.*

(13) OCCUPATION *Teacher*

(19) OCCUPATION *House Keeper*

(20) Number of children born to mother, including present birth *8*

(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *care* at *430 P.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *M. B. Simpson M.D.* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Prosperity S.C.*

Given name added from a supplemental report
M. B. Simpson
1916
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Oct 30* 1916 (28) *C. J. W. Gabe* Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

State of South Carolina

County of Richland

Personally appeared before me J. F. Yarborough, who upon being duly sworn deposes and says that he has always known Bertha Lee Hollins and that she has always been known by that name.

J. F. Yarborough
J. F. Yarborough

Sworn and subscribed to before
me this 6th day of October, 1941.

Julius Riddle
NOTARY PUBLIC FOR SOUTH CAROLINA

(1) PLACE OF BIRTH

County of Richland

Township of

OR

Inc. Town of Prichard

OR

City of

(2) Full Name of Child

(3) BOY OR GIRL? BOY GIRL

(4) TWINS OR TRIPLETS? TWINS TRIPLETS

(8) FULL NAME Joe 2

(9) PRESENT OFFICE OR OTHER Clear

(10) COLOR OR RACE White

(12) BIRTHPLACE Prichard

(15) OCCUPATION Prichard

(20) Number of children born mother, including present

(22) I hereby certify that on the date above

Given name added from vital report

When there was no attention a child breathes even

NOTE—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McGraw-Hill, of Columbia.